

MILITARY SPOUSE TEMPORARY LICENSE APPLICATION

Authority: 1978 PA 368

Print or Type Clearly

Applicant's First Name	Middle Name	Last Name	
U.S. Social Security Number	Date of Birth (MM/DD/YYYY)	10-Digit MI Permanent ID/License Number	
Address			
City	State	Zip Code	Country
Telephone Number	Email Address		

List any other name or alias by which you have ever been known, including maiden name, if applicable:

CHECK ONE PROFESSION

Acupuncturist
 Athletic Trainer
 Audiologist
 Chiropractor
 Dentist
 Dental Specialty – Endodontist
 Dental Specialty – Orthodontist
 Dental Specialty – Pediatric
 Dental Specialty – Periodontist
 Dental Specialty – Prosthodontist
 Dental Specialty – Oral Surgeon
 Registered Dental Assistant
 Registered Dental Hygienist
 Marriage and Family Therapist
 Massage Therapist
 Medical Doctor
 Licensed Practical Nurse
 Registered Nurse
 R.N. Specialty – Nurse Anesthetist
 R.N. Specialty – Nurse Midwife
 R.N. Specialty – Nurse Practitioner
 Nursing Home Administrator
 Occupational Therapist
 Occupational Therapy Assistant
 Optometrist
 Osteopathic Physician
 Pharmacist
 Pharmacy Technician

Physical Therapist
 Physical Therapy Assistant
 Physician's Assistant
 Podiatrist
 Professional Counselor
 Master's Limited Psychologist
 Psychologist
 Respiratory Therapist
 Sanitarian
 Social Service Technician
 Bachelor's Social Worker
 Master Social Worker
 Speech – Language Pathologist
 Veterinarian
 Veterinary Technician

FOR OFFICE USE ONLY

License Number

Issue Date

LARA/BPL-TEMPMILSPOUSE (Rev. 07/17)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Required Documents for All Applicants:

Please be advised that the initial Military Spouse Temporary license is valid for only a 6-month period. The license can be renewed for 1 additional 6-month period if the board determines that you continue to meet the requirements of MCL 333.16181(5) of the Michigan Public Health Code and needs additional time to fulfill the requirements for initial licensure. If you want to renew the temporary license, submit the renewal form prior to the end of the 6 month expiration of your initial temporary license.

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check.
- Proof you hold a current license in good standing, or a current registration in good standing, in that health profession for which you are applying, issued by an equivalent licensing department, board, or authority, in another state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, another territory or protectorate of the United States, or a foreign country.
- Proof that you are married to a member of the armed forces of the United States.
- Proof that your spouse is on active duty.
- Proof that your spouse is assigned to a duty station in Michigan and that you are also assigned to a duty station in Michigan under your spouse's permanent change of station orders.

GOOD MORAL CHARACTER QUESTIONS

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| 1. Have you been convicted of a felony you have not previously reported to the Department? | YES | NO |
| 2. Have you been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years or a misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance you have not previously reported to the Department? | YES | NO |
| 3. Have any sanctions been imposed against you by a similar licensure, registration, certification or disciplinary board of another state or country you have not previously report to the Department? | YES | NO |

CERTIFICATION AND SIGNATURE

I understand that it is required by law that this agency secure a criminal history check as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal history file search from the Federal Bureau of Investigations, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

Signature

Date